

## THE FEDERAL HEALTH AGENCY AS PRECEPTOR IN COMMUNITY MEDICINE

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**E**MERGING from the current philosophical turmoil within the health professions are at least two significant trends. One is the reincarnation of the total human being, in context with his community, as the primary object of professional concern and commitment (1, 2); the other is a growing tendency to view the student as an active agent in a dynamic learning process (3, 4). As a result, many members of the health professions are devising curriculums and programs which place the student as an active, responsible learner in settings where genuine efforts to solve real and pressing health care problems are taking place (5, 6). Ideally, such efforts involve a multidisciplinary approach and are geared to the needs of the people on the receiving end of a health care "system" and to the communities.

Coincidentally with these trends the Federal Government has become more innovative and active in providing health services, particularly to the poor (7). Since 1963, at least 32 major laws involving health programs have been enacted by Congress (8). The administration of such programs has necessitated far-reaching reorganizations within the Department of Health,

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Education, and Welfare. The purpose of such reorganizations was to integrate various categorical programs and to provide more administrative adaptability in meeting new challenges (9, 10).

In this milieu the idea of a preceptorship was conceived in a newly created division of the recently reorganized Public Health Service. The Division of Health Care Services is part of the Community Health Service, a major component of the Health Services and Mental Health Administration. The division has broad responsibility for organization and delivery of personal health services, emphasizing particularly primary health care. Four health programs, the "Partnership for Health" 314(e) health services development grants, the Migrant Health Program, the Appalachian Health Program, and group practice development are the major vehicles for carrying out these responsibilities. The initial success of the preceptorships, as judged by the reactions of the first three students (preceptees), warrants a description of this unique, and still evolving, program.

### Philosophy of the Preceptorship

Following the process model of education described by Miller (11), the preceptorship emphasizes the student's role as a responsible, problem-solving learner. The preceptorship draws upon the student's demonstrated motivation to become involved in formation of policy and in planning and implementing health care delivery systems. Since the preceptorship is an elective, there is no need to structure the experience as if it were a didactic course or a training pro-

gram. Instead, the preceptorship is thought of as the experience of a student living with the day-to-day problems of a teacher (preceptor). In this instance, the Division of Health Care Services is the preceptor. Individual staff members in the division serve as counselors and sources of specific information.

The scope of the experiences potentially available, then, becomes practically unlimited. The only specified requirements of the student are to (a) set goals for the learning experience, (b) obtain the counsel of several members of the professional staff on a regular basis, (c) keep a daily diary of his activities, and (d) write an evaluation of the preceptorship after its conclusion.

### **Format of the Preceptorship**

*Application and selection of students.* The first three preceptees were medical students using free elective time in their curriculums. The first preceptee, a second-year medical student from the College of Physicians and Surgeons, Columbia University, used elective time and made the initial contact on his own initiative. The second and third preceptees, both third-year medical students (from the University of Missouri and Case Western Reserve University) were participants in the Commissioned Officer Student Training and Extern Program (CO-STEP). The purpose of the Division of Health Care Services is to extend the opportunity to a variety of students, both in the medical and other health professions.

*Time required and location.* The first student spent 6 weeks and the second and third spent 9 weeks in the program. Six weeks is considered the minimum time. The preceptorship is based in a Public Health Service office building in the Washington, D.C., area.

*Orientation.* Several briefing sessions by key personnel were arranged. During the initial meeting between the student and his counselors, his interests and goals were discussed in context with the operations of the division and its programs. Relevant basic reading material was made available to the student.

*Responsibilities.* Aside from requirements discussed in the "Philosophy of the Preceptorship," the student was expected to assume graded responsibility in preparing assignments

(for example, reviews of grants, reports of trips, or short background papers on selected topics) within the purview of his interests.

### **Content of the Preceptorship**

*General content.* The content has varied considerably with the students' individual interests. So far, general objectives set by the students for themselves have included the following.

1. Improving the definition of problems of health care or its lack at all socioeconomic levels
2. Clarifying the present and future role of the Federal Government in health care

3. Discovering several possible health care systems

4. Discovering the possibilities and problems of research and development of these systems

5. Better understanding the problem of citizen or consumer involvement in the provision of health services

6. Determining what should be the roles of physicians and other personnel and what kinds of training are needed to fill these roles

7. Recognizing some major political, social, and economic realities

8. Learning how intragovernmental organization can be improved

9. Observing firsthand what is being done or exists in health care in as many representative parts of the country as possible.

All of the answers might not be readily obtainable, but all of the problems are appropriate and are being encountered by the professional staff of the division who are also students in the bewildering and challenging field of health care organization, financing, and delivery.

*Background of the professional staff.* Since the professional staff members of the Division of Health Care Services are the main teaching body to whom the student is exposed during his preceptorship, their qualifications should be mentioned. Most of the staff are medical care administrators who may also be physicians, pharmacists, dentists, or other health professionals. Additionally, there are health educators, nurses, sociologists, engineers, community organizers, and representatives from other disciplines. The staff is truly multidisciplinary and varied in terms of geographic background, race, and professional experience.

*Specific activities.* Based on the experiences

of three preceptees, activities of the preceptorship have been classified into four major categories with an estimated percent of time spent in each.

<i>Category</i>	<i>Percent</i>
Study, writing, or informal discussion.....	35
Field trips outside District of Columbia area..	25
Educational meetings, appointments within District of Columbia area.....	25
Staff meetings, assignments, or paperwork.....	15

The field trips included visits to southern and Appalachian rural areas, neighborhood health centers in urban ghettos, organized health programs in migrant labor camps, group practices, and State and regional health departments. These trips included meetings with numerous key nongovernment professionals outside the District of Columbia area. Study, writing, and informal discussion mostly involved contact with the professional staff of the division. Educational meetings and appointments included contact, within the District of Columbia area, with government and nongovernment experts in diverse aspects of health care. In addition, the preceptees attended several seminars and conferences.

#### **Student Evaluation of the Preceptorship**

All three students wrote detailed personal reactions to their experiences and recommendations which were used by staff in restructuring certain aspects of the preceptorship. In addition, each student wrote an essay in which he gave an overall evaluation of the preceptorship as an educational experience, again from a personal viewpoint. The following quotes from the essays are representative of the students' own values.

The overall effect of hearing about and talking about policy issues at the national level is to get an overview of the health care non-system in this country. That, I think, is very important in defining one's own career goals and role and it is also important in evaluating local priorities and programs in view of their reflection in the total system.

What I was pleased to find all around me was an atmosphere of questioning and searching—this is undoubtedly the best kind of atmosphere for creative thinking. Had I found a Public Health Service where all issues were cut and dried, with an advanced case of "hardening of the categories," I would have been cheated. Also, in an environment where everyone is continually assuming new roles and taking on new

responsibilities, I did not feel so much like an outsider.

Most critically at this point in my training, comes the routine question: "Have you experienced any change in your professional interests attributable to participation in the program?" My answer is, "Yes." I now have much more interest in the broader social issues centered around health care than I had previously. Such terms as community medicine and community psychiatry (and even Federal Government!) have a positive connotation, while before they had at best a neutral one. I am now considering a career in administrative medicine, if this means active involvement in planning, developing and implementing broadly based health care programs. I still plan to further consolidate my clinical training, but . . . (plan) in the future extending my interests and activities beyond the confines of clinical medicine.

#### **Summary**

A preceptorship program within the Public Health Service is being developed to expose students in the health professions to the myriad aspects of health care organization and delivery. The resources and activities of the Division of Health Care Services, where this preceptorship is based, are so varied and the concerns so broad that virtually any interests a student has in social medicine can be accommodated in planning his program for 6 or more weeks.

An overview of the American health care system and an introduction to some of the approaches to solving its problems is a minimum but important goal. The degree to which the student develops his knowledge of specific subjects and focuses on specific problems depends on individual initiative and interests.

The preceptorship is especially desirable for a student in a medical school that does not have either an associated school of public health or a curriculum which includes exposure to broad concepts of community medicine or medical care delivery systems. Finally, the preceptorship offers a practical, working, field exposure so that a student can determine firsthand the possibilities for pursuing a career in community medicine or health services administration.

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#### **Tearsheet Requests**

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